

## South Carolina Department of Health and Human Services

### Income Trust Information

#### What is an Income Trust?

An Income Trust is a special trust that an applicant/beneficiary funds by depositing their income each month. Income that flows through the Income Trust does not count toward the Medicaid Cap. Eligibility cannot be established prior to the month the trust document is signed so it is **important** to complete the Income Trust document as soon as possible.

#### Establishing an Income Trust

To establish an Income Trust, several things are required:

- An Income Trust document must be properly completed and signed by the applicant/beneficiary or their legal representative.
- The South Carolina Department of Health and Human Services must review the completed trust document to ensure it meets legal criteria.
- The applicant/beneficiary must appoint a trustee to handle the trust. The applicant/beneficiary cannot serve as their own trustee. The trustee is responsible for having the applicant/beneficiary's income deposited into the account, ensuring only allowed deductions are withdrawn, and accounting for all funds deposited and withdrawn.
- The applicant/beneficiary must designate a separate account to be used with the Income Trust.
- A separate bank account must be identified and income placed in the account.
  - An existing account may be designated or a new one established
  - The account does not have to be established with a Trust Department at a bank.
  - The account may only be in the name of the applicant/beneficiary and their trustee.
  - Any funds in the account belong to the trust and can only be used for expenses authorized by Medicaid.
  - At the death of the Grantor/Beneficiary, and must be used to reimburse Medicaid for any expenses paid on the Beneficiary's behalf before any rights of survivorship provisions on the account are effective.

# CHECKLIST FOR THE TRUSTEE OF AN INCOME TRUST

The trustee may use this information as a guide to ensure they have done everything needed to set up the Income Trust.

## Income Trust Bank Account

- ☐ Establish or designate a bank account specifically for this purpose. Only the patient and trustee's names may be on the account.
- ☐ List Bank Name and Account Number on the Schedule A
- ☐ Arrange for income to flow through this account (e.g.: direct deposits; deposit of the check; transfer from another account).
- ☐ Provide verification that the income for any month coverage is desired has been deposited into the account. This **MUST** be provided before the application can be approved.
- ☐ Make sure funds from the account are used only for the **allowable** expenses and keep records.
- ☐ The account must not be used like a personal checking account to pay expenses for the patient or their spouse, if receiving an allocation. For instance, a check may be written for the patient's personal needs amount and, in turn, the money used to pay for various items. However, checks may not be written to others on their behalf even when the amounts equal the allowance. Similarly, if the patient has a community spouse who is entitled to a spousal allocation, the check may be written to the spouse who then may then cash it or deposit it into their personal account and use the funds for bills and so forth. Again, the checks may not be written out to third parties on the spouse's behalf (e.g.: electric company, doctor's office).
- ☐ Keep bank statements on file to provide to the Medicaid office for accounting purposes.

## Income Trust Document

- ☐ The document is filled out completely
- ☐ The document is signed and witnessed
- ☐ The Statement of Trustee page is signed, witnessed, and notarized.
- ☐ Schedule A
  - ☐ Income assigned to the Income Trust is listed
  - ☐ Bank Name and Account number is listed
  - ☐ Page is signed.

Notify the DHHS of any changes within 10 days. This includes: changes in the individual's income, bank account, or living arrangements as well as a change in your contact information.

## Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-549-0820 (TTY: 1-888-842-3620); or by email at: [civilrights@scdhhs.gov](mailto:civilrights@scdhhs.gov).

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## Language Services

**If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).**

**si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).**

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:  
**(1-888-842-3620) (رقم هاتف الصم والبكم 1-888-842-3620)**

**Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549-0820 (TTY: 1-888-842-3620).**

**Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).**

**Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).**

**Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)**

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

**Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.**

**धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह । 1-888-549-0820 (TTY: 1-888-842- 3620) पर कॉल कर ।**

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

**Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.**

**Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).**

နမူနာကတိကညီ ကျိအလိ, နမူနာ ကျိအတိမၤစၢၤလၢ တလၢ်ဘျၢ်လၢ်စ့ၢ် နီတမၤဘၣ်သ့န့ၣ်လီၤ. ကိး  
888-549-0820 (TTY: 888-842-3620)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-549-0820 (መስማት ለተሳናቸው፡ 1-888-842-3620)፡

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 888-549-0820 (TTY: 888-842-3620) သို့ ခေါ်ဆိုပါ။